

682518

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
REQUEST FOR FILING APPLICATION UNDER RULE 53(a), (b) & (d)

PATENT
APPLICATION

(No Filing Fee or Oath/Declaration)
(Do NOT use for PCT Applications)
For Design or Utility Applications

The Commissioner of Patents
and Trademarks
Washington, D.C. 20231



Atty. Dkt. 84203 /
M# / Client Ref.

Sir: Date: April 9, 1991

1. This is a Request for filing a new PATENT APPLICATION ([] Design [X] Utility) entitled:
2. (Complete Title): AN ADHESION MOLECULE

without a filing fee or Oath/Declaration but for which is enclosed the following:

3. [X] Abstract 1 page(s).
4. 33 Pages of Specification (only spec. and claims) 5. [] Specification in non-English language
6. 5 Numbered claim(s); and
7. [X] Drawings: 5 sheet(s) per set: [X] 1 set informal; 8. [] formal of size: [] A4 [] 13" [] 14"
9. [] Priority is claimed 35 USC 119/365 from foreign application(s) filed in _____

(country)

<u>Application No.</u>	<u>Filing Date</u>	<u>Application No.</u>	<u>Filing Date</u>
(1) _____	_____	(3) _____	_____
(2) _____	_____	(4) _____	_____

10. This is a [] Reissue of USP _____ [] CONT [] DIV [X] CIP [] SUBSTITUTE Appln (MPEP
11. 201.09) of Appln. No. 0 7 /669,730 filed March 15, 1991, wherein
12. extension to date: [] concurrently filed [X] not needed [] previously filed.
13. [] Attached:

14. This application is made by the following named inventor(s) (Double check instructions for accuracy.):

(1) Inventor J. Brice WEINBERG USA
First Middle Initial Family Name Country of Citizenship
Residence (City) Durham (State/Foreign Country) North Carolina

Post Office Address VA and Duke University Medical Centers, 151G, Durham, North Carolina 27705
(include Zip Code)

(2) Inventor Barton F. HAYNES USA
First Middle Initial Family Name Country of Citizenship
Residence (City) Durham (State/Foreign Country) North Carolina

Post Office Address Duke University Medical Centers, Box 3258, Durham, North Carolina 27710
(include Zip Code)

(3) Inventor _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
(include Zip Code) _____

(4) Inventor _____
First Middle Initial Family Name Country of Citizenship
Residence (City) _____ (State/Foreign Country) _____
Post Office Address _____
(include Zip Code) _____

14. NOTE: FOR ADDITIONAL INVENTORS, check box [] and attach sheet with same information.

1615 L Street, N.W.
Eleventh Floor
Washington, D.C. 20036-5601

Tel: 861-3000

Atty/Sec: MJW: tat

CDC-104 4/91 NOTE: File in duplicate with 2 post card receipts (CDC-103) and attachments.

CUSHMAN, DARBY & CUSHMAN
By Atty: Mary J. Wilson Reg. No. 32,955

Fax: (202) 822-0944

Tel.: (202) 861-3688

Sig: Mary J. Wilson